

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050180

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3788
FILED JAN 9 1964

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	St. Louis	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Kirkwood	b. COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	St. Joseph Hospital	c. CITY OR TOWN	St. Louis
Length of stay in lb	2-hrs.	d. STREET ADDRESS	3910 Oleatha
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(If outside, give location)	
Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
Frank	J.	Cordes, Sr.	Dec. 12, 1963
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Male	White		7/23/81
9. AGE (last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
82	Own Business		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)
		Bookkeeper	Dittmer, Missouri
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY
Herman Cordes		Caroline Heidbrink	U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT
no			Frank J. Cordes, Jr. - 3910 Oleatha
18. CAUSE OF DEATH (Enter only one cause per line)		14. NAME OF HUSBAND OR WIFE	
PART I. DEATH WAS CAUSED BY:		Pauline Hahn Cordes	
IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH	
Cardiac Failure		1-1/2 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		3-hrs.	
DUE TO (b)		Myocardial infarction	
DUE TO (c)		Coronary arteriosclerosis 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days.	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY	Hour a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	
		COUNTY STATE	
21. I attended the deceased from June, 1961, to Dec. 12, 1963 and last saw her alive on Dec. 12, 1963			
Death occurred at 1:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
James E. Meyer	M.D.	201 Manchester Rd. Manchester, Missouri	12/12/63
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Dec. 14, 1963	Resurrection Cemetery	St. Louis County, Missouri
24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
WACKER-HELDERLE-3634	Gravois Ave.	12-12-63	John C. Murphy M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Rehob J. Krisper
Licensed Embalmer No. 3497

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.